

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90038 034 \*\*\*\*61.25

**DOCUMENT # 735769**

1. Entity Name

**NORTHWEST FLORIDA VISIONNAIRES, INC.**

Principal Place of Business

Mailing Address

6097 BLUEBERRY LANE  
 CRESTVIEW FL 32536  
 US

6097 BLUEBERRY LANE  
 CRESTVIEW FL 32536  
 US

2. Principal Place of Business

3. Mailing Address

538 BOB SIKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL

City & State

Zip

FL 32548

Country

US

Zip

Country

4. FEI Number

51-0201777

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHIESEN, FLORENCE  
 6097 BLUEBERRY LANE  
 CRESTVIEW FL 32536

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TONER, KAY	
STREET ADDRESS	1288 N BAYSHORE DR	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANE, WILMA	
STREET ADDRESS	POST OFFICE BOX 444 N/A	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MATHIESEN, FLORENCE	
STREET ADDRESS	6097 BLUEBERRY LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, CATHY	
STREET ADDRESS	231 YACHT CLUB DRIVE	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAINES, JACQUE	
STREET ADDRESS	101 COUNTRY CLUB ROAD	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, BARBARA	
STREET ADDRESS	1837 HEART LAND DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUERS, MARIAN	
STREET ADDRESS	7 PALM DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George, Dorothy	
STREET ADDRESS	440 Pine Ln	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Florence J. Mathiesen* FLORENCE J. MATHIESEN Jan. 27, 2002 (550) 682-7750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)